

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 16 2012

Permit #:	12-0258
Date:	7-30-12
Amount Paid:	\$75.00
Refund:	7/16/12

HOW DO I FILE OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: John & Jaye Nyara		Mailing Address: 73430 Ondossagon Rd		City/State/Zip: Washburn, WI 54891		Telephone: 715-373-5301							
Address of Property: 73430 Ondossagon Rd		City/State/Zip: Washburn, WI 54891		Contractor Phone: Plumber:		Plumber Phone: 715-292-2178							
Contractor: SELF		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No							
PROJECT LOCATION: NW 1/4, SW 1/4		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-002-2-48.05-14.3 02-000-20008		Recorded Document: (i.e. Property Ownership) Volume 288		Page(s) 379 96A					
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 14, Township 48 N, Range 5 W		Town of: BARKSDALE		Lot Size 5 AC.		Acreage 40 TOTAL							
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Non-Shoreland													

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>CON</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>CON</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: 76 ft	Width: 28 ft	Height: 28 ft
Proposed Construction:	Length: 11 ft	Width: 7 1/2 ft	Height: 12 ft

Proposed Use	Proposed Structure	Dimensions	Square Footage				
				<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	( )
				<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
				<input type="checkbox"/>	( )	( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	( )	( )				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Party - Deck</u>	(11' x 7 1/2')	82 1/2 sq ft				
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify)	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/>	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain)	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain)	( )	( )				
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain)	( )	( )				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for the purpose of inspection.

Owner(s): John & Jaye Nyara  
(If there are Multiple Owners listed on the Deed All Owners must sign affix letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance

Address to send permit 73430 Ondossagon Rd Washburn, WI 54891

JUL 20 2012

Copy of Tax Statement

Attach

If you recently purchased the property send your Recorded Deed

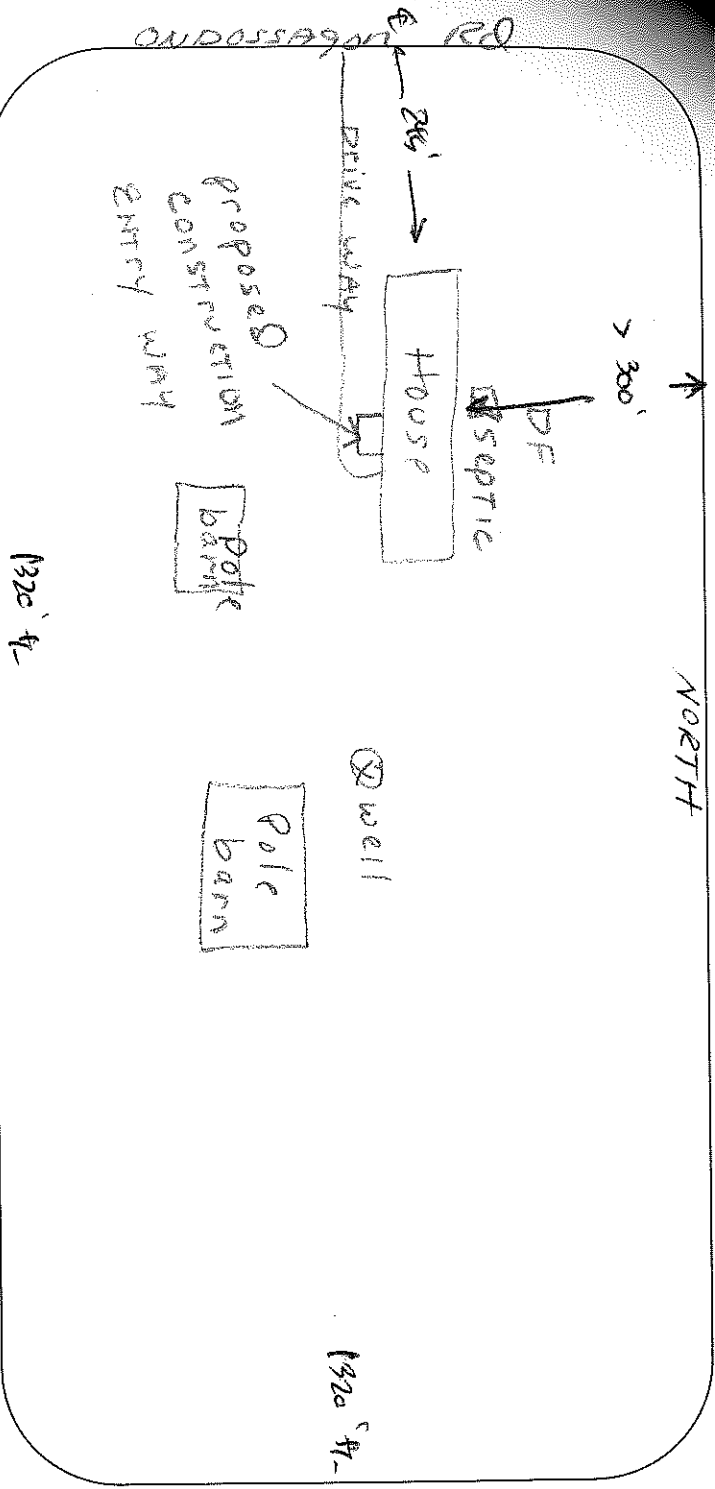
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff



### Proposed Construction

- (1) Show / indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show any (\*):  
(6) Show any (\*):  
(7) Show any (\*):
- North (N) on Plot Plan**  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%



Changes in plans must be approved by the Planning & Zoning Dept.

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	24'5"	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	30'0"	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	300' 4"		
Setback from the South Lot Line	> 100'	Setback from Wetland	Feet
Setback from the West Lot Line	24'5"	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	> 800'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7'5"	Setback to Well	Feet
Setback to Drain Field	> 10'		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	Permit Date:			
12-0858		7-30-12		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <i>Reviewed for flood. 200 ft. to representation of quality waters to west.</i>		Zoning District ( R-1 ) Lakes Classification ( - )		
Date of Inspection: 7-19-12	Inspected by: DR	Date of Re-inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <i>[Signature]</i>				Date of Approval: 7-19-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN

RECEIVED

JUL 18 2012

Bayfield Co. Zoning Dept.

Application No: 12-0059

Date: 7-20-12

Zoning District: A-1

Amount Paid: \$75.00 EOS

7/19/12

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER \_\_\_\_\_  
Use Tax Statement for Legal Description Less A 85'

Legal Description SW 1/4 of A 1/4 1/4 of Section 33 Township 48 North, Range 5 West, Town of Bardsdale

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume 1069 Page 438 of Deeds Parcel I.D. 04002248053320300060000

Property Owner John & Karen Thomas Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 27130 Cherryville Rd Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Ashland, WI 54806 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-682-2427 (Home) 715-419-1958 (Work) Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If yes, Distance from Shoreline: greater than 75' ☐ 75' to 40' ☐ less than 40' ☐

Structure: New ☒ Addition \_\_\_\_\_ Existing \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No ☒ Number of Stories 1

Fair Market Value \$4000 Square Footage 360 Sanitary: New \_\_\_\_\_ Existing ☒ Privy \_\_\_\_\_ City \_\_\_\_\_

USE: Type of Septic/Sanitary System 4 ft.

☐ Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ ☐ Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ ☐ Commercial Principal Building \_\_\_\_\_

☐ Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ ☐ Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ ☐ Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_ ☐ Commercial Accessory Building Addition (explain) \_\_\_\_\_

☐ Residence w/attached garage (# of bedrooms) \_\_\_\_\_ ☐ Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ ☐ Special/Conditional Use (explain) \_\_\_\_\_

☐ Residential Addition / Alteration (explain) \_\_\_\_\_ ☐ External Improvements to Principal Building (explain) \_\_\_\_\_

☒ Residential Accessory Building (explain) GAIN BINS ☐ External Improvements to Accessory Building (explain) \_\_\_\_\_

☐ Residential Accessory Building Addition (explain) \_\_\_\_\_

☐ Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) \_\_\_\_\_ Date 7/18/12

Address to send permit \_\_\_\_\_ ATTACH

\* See Notice on Back Copy of Tax Statement or  
(If you recently purchased the property  
Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7-20-12 Permit Number 12-0059 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: None

Inspection Record: Proposed structure located to rear/side of existing + adjacent driveway  
intended on adjacent of zoning district

Meets Gravel Requirements By DC Date of Inspection 7-15-12

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

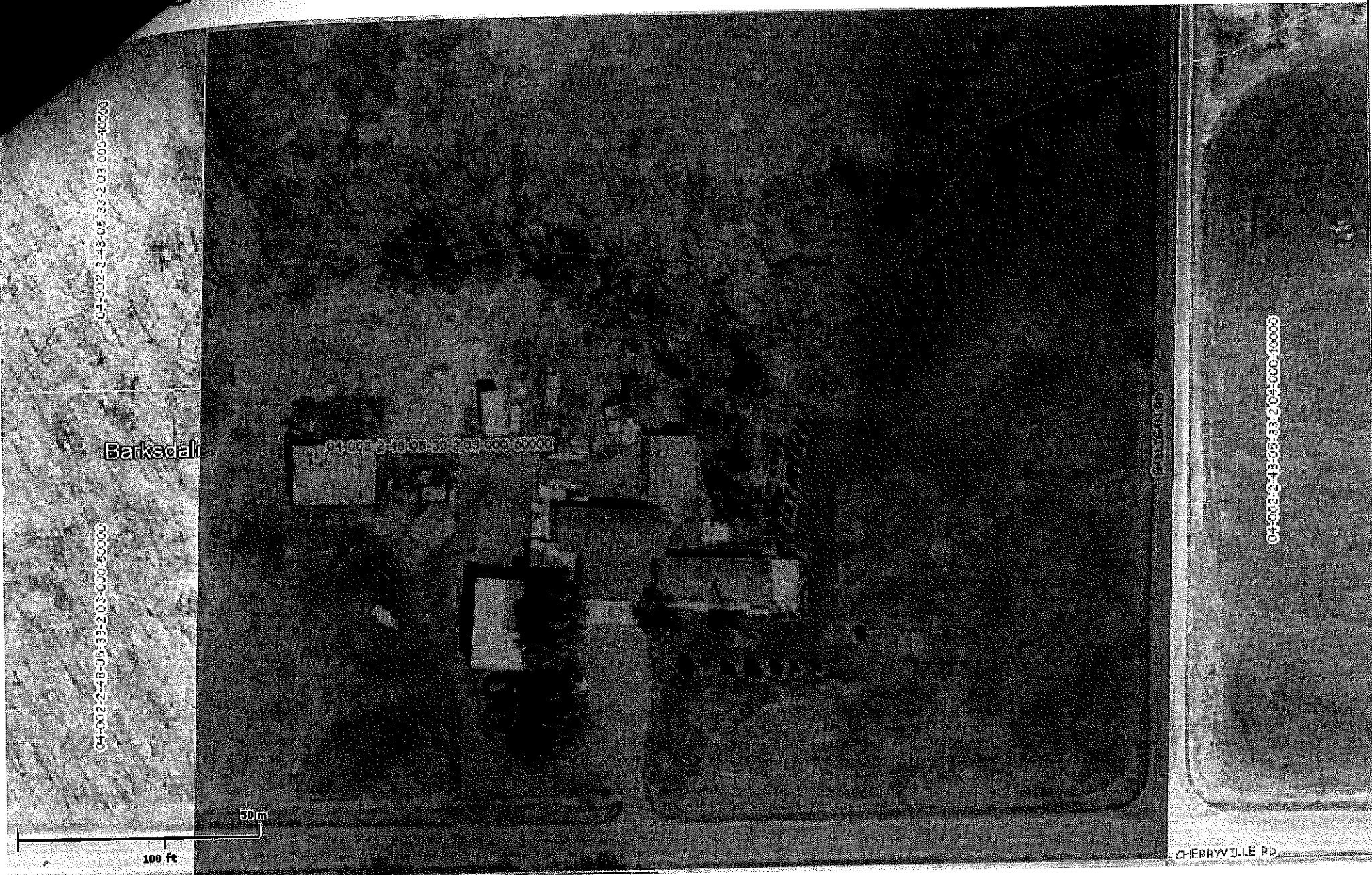
Approved Above Shown on Map Signed [Signature] 7-19-12  
Rec'd for Issuance Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

Secretarial Staff





County, WI



← 200' →  
TAFE CINE PER ORDA  
TIE  
2 LMS

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County Zoning Department  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
RECEIVED  
JUL 18 2012  
Bayfield Co. Zoning Dept.

Application No.: 12-02160  
Date: 7-20-12  
Zoning District: A-1 (3) NH  
Amount Paid: \$75.00 POS  
7/19/12

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LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER \_\_\_\_\_  
Use Tax Statement for Legal Description LESS N 85

SE Legal Description SW 1/4 of NW 1/4 of Section 33 Township 48 North, Range 5 West, Town of Bardsdale  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume 1069 Page 438 of Deeds Parcel I.D. 04002248053320300000000  
Property Owner John and Karen Thomas  
Address of Property 27190 Cherryville Rd  
Ashland, WI 54806  
Telephone 715-682-2427 (Home) 715-419-1958 (Work)

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If Yes, \_\_\_\_\_  
Structure: New ☒ Addition \_\_\_\_\_ Existing \_\_\_\_\_  
Fair Market Value \$4000 Square Footage 360  
USE: \_\_\_\_\_  
Type of Septic/Sanitary System M.

☐ \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_  
☐ \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
☐ \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
☐ Residential Addition / Alteration (explain) \_\_\_\_\_  
☒ Residential Accessory Building (explain) GRAIN BIN  
☐ Residential Accessory Building Addition (explain) \_\_\_\_\_  
☐ Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) \_\_\_\_\_ Date 7/18/12  
Address to send permit \_\_\_\_\_

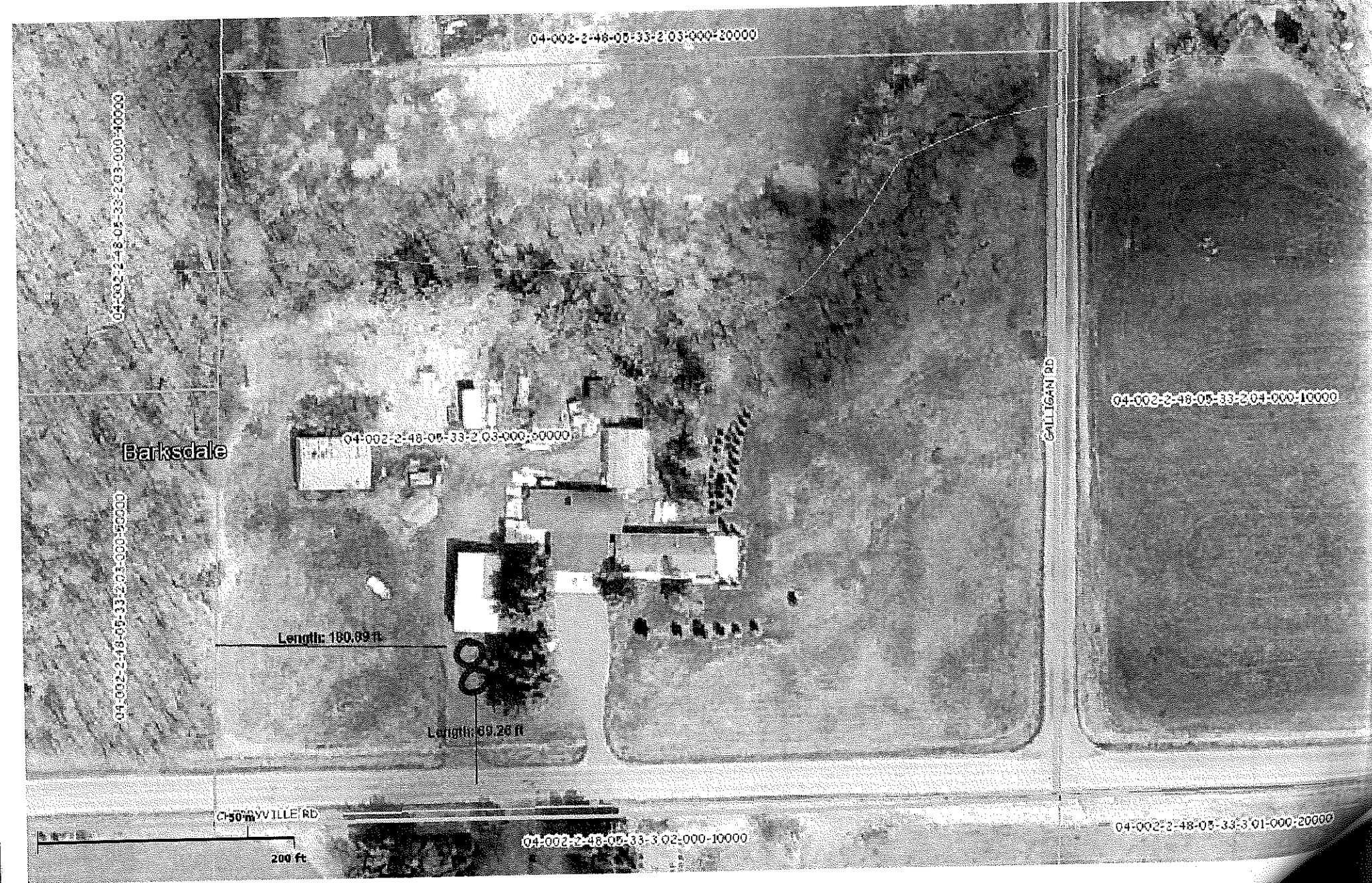
\* See Notice on Back  
APPLICANT — PLEASE COMPLETE REVERSE SIDE  
ATTACH  
Copy of Tax Statement or  
(If you recently purchased the property  
Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 7-20-12 Permit Number 12-02160 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: PREPARED QUOTE QUOTING LOCATED AS REPRESENTED BY OWNER & ADJUTANTAL REVIEWED  
ADJUTANTAL REQUIREMENTS, BY DDC Date of Inspection 7-19-12  
Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_

Guaranty OFFICER FOR ISSUANCE  
Signed \_\_\_\_\_ Inspector \_\_\_\_\_ Date of Approval 7-19-12



# Bayfield County, WI



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← 200' →

77° E

Map Date: 7-19-12

Secretarial Staff

Jul 20 2012

Signed

Inspector

Date of Approval

7-19-12

Variance (B.O.A.) #